

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568566

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		2		2		
6		2		2		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		2		2		
12		2		2		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		2		2		
18		2		2		
19		2		2		
20	1		1			
21		1		1		
22		1		1		
23		2		2		
24		2		2		
25		2		2		
26	1		1			
27	1		1			
28	1		1			
29		1		1		
30		1		1		
31	1		1			
32	1		1			
33		1		1		
34		2		2		
35	1		1			
36		1		1		
37		2		2		
38	1		1			
39		1		1		
40	1		1			
41		1		1		
42	1		1			
43		1		1		
44	1		1			
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
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96						
97						
98						
99						
100						
TOTAL IND.	14	↓	14	↓		↓
TOTAL DEP.	61	←	27	←		←
TOTAL CLAIMS	75		41			